

The Required Documents necessary at time of submittal to Building Department shall include sufficient plans and details to fully describe the work intended, including but not limited to all details sufficient to describe the structural, fire protection, fire alarm, mechanical, light and ventilation, energy conservation, architectural access and egress systems. The Building Official will require such calculations, descriptions narratives and reports deemed necessary to fully describe the basis of design for each system regulated by 780 CMR. In accordance with the provisions of M.G.L. c 143 s. 143, s. 54A all plans shall bear the original seal and original signature of a Massachusetts registered professional engineer or registered architect responsible for the design, except as provided in M.G.L. c. 143, s. 54A and any professional or trade as provided in M.G.L. c. 112, s. 60L and M.G.L. c. 112 s. 81R.

When such application for permit must comply with the provisions of 780 CMR 4 or 780 CMR 9 or 780 CMR 34, the building official shall cause one set of construction documents filed pursuant to 780 CMR 110.7 to be transmitted simultaneously to the head of the local Fire Department for his file, review and approval of the items specified in 780 CMR 903.0 as they relate to the applicable sections of 780 CMR 4 or 780 CMR 9, or 780 CMR 34. The head of the local fire department shall within ten working days from the date of receipt by him, approve or disapprove such construction documents. If the head of the local Fire Department disapproves such construction documents, he or she shall do so in writing citing the relevant sections of noncompliance with 780 CMR or the sections of the referenced standards of Appendix A. Upon the request of the head of the local fire department, the building official may grant one or more extensions of time for such review provided, however, that the total review by said head of the local fire department shall not exceed 30 calendar days. If such approval, disapproval or request for extension of time is not received by the building official within said ten working days, the building official may deem the construction documents to be in full compliance with the applicable sections of 780 CMR4, 780 CMR 9 or 780 CMR 34 and therefore approved by the head of the local fire department.

To assist in the application process all items listed below should be detailed thoroughly prior to submitting to the Building Department. Any applications that are not complete with all items listed below will be returned as incomplete.

The Following sections of the Mass State Building Code 780 CMR are listed below to partly assist in the preparation of construction documents to be complete at time of submittal to Building Department.

780 CMR 302.0 Classification

780 CMR 307.0 Provide Evaluation of quantities and hazards of all hazardous Materials in accordance with Tables 307.7 (1) and (2)

780 CMR 501.0 Height and Area (if applicable)

780 CMR 602.1 Types of Construction

780 CMR 703.0 Fire-resistant Materials and Construction

709.0 Fire Separation Assemblies

708.0 Fire Partitions

709.0 Smoke Barriers

780 CMR 801.0 Interior Finishes

780 CMR 903.0 Fire Protection Systems

901.7.1.1 Fire Protection Construction Documents (in depth narrative using template provided by BBRS. Items 1-21 including design reasoning and intent and all hazards associated with hazardous materials and commodity storage)

901.7.1.2 Plans.

For F, H, M, and S use groups an “Owners Certificate” NFPA 13

780 CMR 907.1.1 Fire Protective Signaling Systems (Fire Alarms)

780 CMR 1003.0 Construction Documents of Means of Egress

1004.0 Occupant Load

1011.0 Exit Signs and Lights

780 CMR 1101.1 521 CMR Architectural Access Board

780 CMR 1203.1 Interior Environment

780 CMR 1301.8.2 Energy Plans and Specifications IECC 2006 and Supplement ‘07

780 CMR 2801.1 Construction Documents for Mechanical 101.5.7 Comcheck 3.6

780 CMR 2701.0 Electrical Equipment and Systems to conform to 527 CMR

780 CMR 2901.0 Plumbing Systems to conform to 248 CMR

780 CMR 3400.0 Existing Buildings

780 CMR 3402.1.1 Investigation and Evaluation

Also

Schedule of Values submitted by contractor listing all phases of project. This would also include any and all work not in the contractor’s scope but is part of the renovation/alteration associated with Building Permit.

Example: Voice data being done by owner/tenant.

Office cubicles being supplied by tenant we are only wiring.

Tenant is supplying their own generator and UPS system.

Security system supplied by tenant, not in contract.

Please note: Any work done above ceiling by any sub contractors will be inspected prior to closing up the ceiling.

All Final Affidavits due prior to Final Inspections.

For H use groups, the Fire Dept. requests an extra set of documents and plans for a peer or Fire Marshall review.

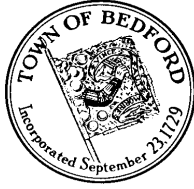
DEPARTMENT APPROVALS

Conservation _____

Public Works _____

Fire Department _____

Board of Health _____

**OFFICE USE ONLY**

Date Submitted _____

Date Issued _____

c/o Required _____

Fee _____

Approved by _____

Town of Bedford
 Building Department
 10 Mudge Way, Bedford, MA 01730
 Office: 781-275-7446 Fax: 781-275-1334

**PERMIT APPLICATION FOR PLAN REVIEW OF MULTI-UNIT
 RESIDENTIAL BUILDING (THREE OR MORE UNITS) AND COMMERCIAL BUILDINGS**

Permit No. _____

1. SITE INFORMATION**1.1 Property Address:**

1.2 Assessors Map & Parcel Number:

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (sf) _____ Frontage (ft) _____

1.6 Water Supply (M.G.L. c. 40, s 54)
 Public ☐ Private ☐
1.7 Flood Zone Information:
 Zone: _____ Outside Flood Zone ☐
1.8 Sewage Disposal System:
 Municipal ☐ On site disposal ☐
2. PROPERTY OWNERSHIP/AUTHORIZED AGENT**2.1 Owner of Record:**

Name (Print) _____

Address _____

Signature _____

Telephone _____

2.2 Authorized Agent:

Name (Print) _____

Address _____

Signature _____

Telephone _____

3. CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**3.1 Licensed Construction Supervisor:**Not Applicable ☐

Licensed Construction Supervisor Email Address: _____

License Number _____

Address _____

Expiration Date _____

Signature _____

Telephone _____

4. DESCRIPTION OF PROPOSED WORK (check all applicable)New Construction ☐ Existing Building ☐ Repairs ☐ Addition ☐Accessory Bldg. ☐ Alterations ☐ Demolition ☐Other ☐ Specify: _____

Brief Description of Proposed Work:

4.1 WILL THIS BUSINESS/OCCUPANCY RECEIVE, STORE, HANDLE AND/OR MANAGE ANY HAZARDOUS MATERIALS AND/OR PETROLEUM BASED PRODUCTS OF ANY KIND, AT ANY QUANTITY? CIRCLE ONE: YES NO

5. USE GROUP AND CONSTRUCTION TYPE

					CONSTRUCTION TYPE	
A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>	
	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>	
B Business <input type="checkbox"/>				2A	<input type="checkbox"/>	
E Educational <input type="checkbox"/>				2B	<input type="checkbox"/>	
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C	<input type="checkbox"/>	
H High Hazard <input type="checkbox"/>				3A	<input type="checkbox"/>	
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>	
M Mercantile <input type="checkbox"/>				4	<input type="checkbox"/>	
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>	
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B	<input type="checkbox"/>	
U Utility <input type="checkbox"/>	Specify: _____					
M Mixed Use <input type="checkbox"/>	Specify: _____					
S Special Use <input type="checkbox"/>	Specify: _____					

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group: _____ Proposed Use Group: _____

Existing hazard Index 780 CMR 34): _____ Proposed Hazard Index 780 CMR 34): _____

6. WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 s.25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application.
Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes ☐ No ☐

7. PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)**7.1 Registered Architect**

Name (Registrant)	Not Applicable <input type="checkbox"/>
Address	Registration Number
Signature	Expiration Date
Telephone	

7.2 Registered Professional Engineer(s)

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

7.3 General Contractor

Company Name	Not Applicable <input type="checkbox"/>
Responsible in Charge of Construction	
Address	
Signature	
Telephone	

8. BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (sf)		

9. STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes ☐ No ☐

10a. OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature

Date

10b. OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate.

Signed under the pains and penalites of perjury.

Print Name

Signature of Owner/Agent

Date

11. ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit application
1. Building	
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
6. Total	